

**Virginia Department of Criminal Justice Services
SEXUAL ASSAULT GRANT PROGRAM
PROJECT PROGRESS REPORT**

Program Name: _____
Contact Person: _____
Reporting Period: Fiscal Year 20_____
☐ 1st Half of Year ☐ 2nd Half of Year
(7/1 – 12/31) (1/1 – 6/30)

I. NUMBER OF NEW VICTIMS SERVED THIS SEMI-ANNUAL REPORTING PERIOD

_____ Victims

II. NUMBER OF NEW VICTIMS SERVED BY LOCALITY

Number	Locality	Number	Locality
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Unknown
_____	_____	_____	TOTAL (Should = I. Victims)

III. REFERRAL SOURCES FOR NEW VICTIMS

_____ (A) Law Enforcement	_____ (E) Mental Health
_____ (B) Other Criminal Justice Professional	_____ (F) Victim-Initiated
_____ (C) Victim/Witness	_____ (G) Other
_____ (D) Medical/Hospital	_____ (Specify) _____
	_____ TOTAL (Should = I. Victims)

IV. CHARACTERISTICS OF NEW VICTIMS

Sex	Race	Age In Years	Disability
_____ (A) Males	_____ (A) White	_____ (A) Under 13	_____ (A) Handicapped
_____ (B) Females	_____ (B) Black	_____ (B) 13 - 17	_____ (B) Non-Handicapped
_____ (C) Unknown	_____ (C) Hispanic	_____ (C) 18 - 29	_____ (C) Unknown
	_____ (D) Asian	_____ (D) 30 - 44	
	_____ (E) Native American	_____ (E) 45 - 64	
	_____ (F) Unknown	_____ (F) Over 65	
		_____ (G) Unknown	
_____ TOTAL	_____ TOTAL	_____ TOTAL	_____ TOTAL

(Totals Should = I. Victims)

V. NEW VICTIMS SERVED BY TYPE OF VICTIMIZATION (one victimization per victim)

	Number of Victims
(A) Adult Sexual Assault	_____
(B) Adults Molested As Children	_____
(C) Child Sexual Abuse	_____
(D) Other (Specify) _____	_____
(E) Other (Specify) _____	_____
TOTAL (Should = I. Victims)	_____

VI. TOTAL NUMBER OF HOTLINE CALLS THIS QUARTER

_____ Calls

VII. VOLUNTEER HOURS CONTRIBUTED TO THE PROVISION OF SERVICES TO VICTIMS

_____ Direct Service Hours

_____ On-Call Hours

VIII. TRAINING ACTIVITIES**Training Received:**

_____ Number of hours of training received by paid staff

_____ Number of hours of training received by volunteers

Training Provided:

(Complete this section or attach a copy of your VAdat "Education/ Training- Public Awareness- Community Coordination/ Technical Assistance" report.)

Content of Training	Type of Audience	Length In Hours	Number In Audience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. NUMBER OF NEW AND CARRY OVER VICTIMS WHO RECEIVED THE FOLLOWING SERVICES

Directions: List the number of victims who received specific services. Count only the first time a service is provided to each victim. (Please note: not every victim will receive every service.)

REQUIRED SERVICE OBJECTIVES			
	Current Semi-Annual Period	Year to Date	Annual Target
1. Crisis Intervention			
2. Follow-up Contact			
3. Emergency Assistance			
A. Shelter/ Safe House			
B. Financial Assistance			
C. Protection			
4. Assistance with Compensation Claims			
5. Information and Referrals			
A. In Person			
B. By Telephone			
6. Personal Advocacy			
A. Companion Service			
B. Other			
7. Criminal Justice Support/ Advocacy			

OPTIONAL SERVICE OBJECTIVES			
	Current Semi-Annual Period	Year to Date	Annual Target
8. Group Support			
9. Therapy			
OTHER (Specify):			

X. NARRATIVE

Attach a narrative that briefly describes progress on VOCA-funded activities only. Do not report on activities that are funded by other sources (e.g. prevention work).

1. PROGRAM ACCOMPLISHMENTS

Report any projects, tasks, or initiatives that show the program's success: e.g. new court procedures enacted, the adoption of new policies, increased media attention, etc.

2. PROGRESS ON OTHER PROGRAM OBJECTIVES

Report any progress on the Other Program Objectives, as described in your grant application: e.g. the first objective under goal one has been met, but the second objective has not been met because activities were delayed six months.

3. CASE STUDIES

Describe one to two noteworthy cases, or cases requiring a large amount of staff time. Do not use victims' names or any other identifying information in the case studies.

4. ASSISTANCE TO FEDERAL CRIME VICTIMS

Describe any efforts to serve federal crime victims. A federal crime victim is a person who is the victim of a federal criminal offense; i.e. an act that the U.S. Congress has classified as a crime. In some instances, a crime is automatically a violation of federal law if it occurs on federal property (e.g. a military installation), or involves federally protected populations (e.g. Native Americans). Any federal crime, if reported, will be prosecuted in the federal criminal justice system.

5. VICTIMS' COMPENSATION

Relate any successes or problems encountered in assisting clients in obtaining awards from the Criminal Injuries Compensation Fund.

6. PROGRAM CHANGES

Explain anything that may benefit or impede service delivery to victims in your locality: for example, new resources, personnel, procedures, or equipment. Always include the names of staff persons joining or leaving the agency.

7. TRENDS

Identify any emerging issues or trends affecting crime victims services in your locality: for example, you've noticed a sharp increase in a certain type of victim served; the local hospital refuses to perform PERK examinations, etc.

8. MATERIALS DEVELOPED

Describe any materials that were created for the program: e.g. brochures, forms, evaluation instruments, etc.

9. TRAINING RECEIVED

Report on the training staff and volunteers have received, including content and evaluative remarks.

10. PLANS FOR NEXT SIX MONTHS

Describe anything the program hopes to accomplish: e.g. Sexual Assault Awareness Month activities, etc.

If you need any training, consultations, technical assistance, or other resources, please contact the staff of the Victims Services Section personally.

(Note: Please refer to the "Sexual Assault Grant Program Codebook" for more information on completing this report.)

For further information, contact:

**Victims Services Section
Department of Criminal Justice Services
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Richmond, Virginia 23219
(804) 371-4809
FAX (804) 786-7980**